

DOCUMENT CONTROL PAGE	
Title	Title: Standard Operating Procedure for Patients with a New Tracheostomy in Royal Manchester Children's Hospital Version: 1 Reference Number:
Supersedes	Supersedes: Changes:
Minor Amendment	Date Notified To _____ Date Summary of amendments –
Author	Originated / Modified By: Christine English/ Marie Higson Designation: Trainee Advanced Nurse Practitioner ENT/ Tracheostomy Nurse Specialist
Ratification	Ratified by: RMCH Quality and Safety Committee Date of Ratification: 5 July 2018
Application	All Staff (RMCH, Oxford Road site only)
Circulation	Issue Date: July 2018 Circulated by: Gillian Saker, Clinical Effectiveness Manager RMCH Dissemination and Implementation:
Review	Review Date: June 2021 Responsibility of: Authors
Date placed on the Intranet: July 2018	Please enter your EqIA Registration Number here: 40/18

1. Standard Operating Procedure for Patients with a New Tracheostomy in RMCH

1.1.1 Patients who have a newly formed tracheostomy need to be stabilised and prepared for the ward following theatre. Negotiation between the multi-disciplinary team is essential to ensure the safety of the child and a decision needs to be made as to the safest place for the patient to be transferred to post operatively. This can either be the main ENT ward or critical care (PHDU or PICU). The algorithm provided on page 4 can facilitate the decision making process and highlight where the patient’s post-operative bed needs to be.

Patients will be allocated into one of three criteria detailed below:

Low Risk

- Patients who can be intubated orally and have bag-face mask ventilation in the event of tracheostomy displacement.
- Patients must not be identified as having a difficult airway.
- Patients must not be ventilator dependant.

They can be assessed for transfer to the ward straight from recovery. If clinically unstable may require critical care for 24 hours or less. Once clinically stable can be transferred to the ward.

Medium Risk

- Patients with neurological conditions and/or poor secretion clearance requiring regular suctioning.

They need critical care for at least 24 hours post-operatively to allow assessment of the dependency of care. Once dependency established and patient remains clinically stable transfer to the ward could be considered.

High Risk

- Patients with a difficult or precious airway where intubation and bag-face mask ventilation would be difficult in the event of tracheostomy displacement.

These patients require critical care until a successful first tracheostomy tube change which is normally 7 days post-operatively.

Ventilation dependant

Patients requiring ventilation or positive pressure support via the tracheostomy are at an increased risk of tracheostomy tube displacement. This is generally related to the weight of the ventilator tubing. In this situation the patient will remain on PICU until they no longer require ventilation support. If the patient is for long term ventilation they can transfer to PHDU once stable, while awaiting a bed on Ward 83. For these patients the first tube change can be completed on either PICU or PHDU.

1.1.2 All children require an emergency algorithm to be displayed at the bedside. This includes detailed information regarding the tracheostomy tube size,

SOP - Patients with a New Tracheostomy in RMCH (Oxford Road site only)	Page 2 of 4
See the Intranet for the latest version.	Version Number:1

suction depth and important information regarding the patient's airway. This needs to be completed with theatre/recovery.

- 1.1.3 In an emergency staff must follow tracheostomy emergency algorithm.**
- 1.1.4** The patients lead team needs to be clearly identified within the medical notes to ensure appropriate transfer.
- 1.1.5 The first tracheostomy tube change for all patients must be completed by a member of the ENT team. This is usually day 7 post-operatively.**
- 1.1.6 A decision will be made at this point to remove the stay sutures.**
- 1.1.7** The ENT team will document within the medical notes that the patient is now able to be transferred to the ward once clinically stable.
- 1.1.8** Ward areas that are able to care for patients within the first 7 days of having a tracheostomy inserted are: PICU, PHDU and Ward 78.
- 1.1.9** Once a patient has had their first tube change with no difficulty they can be cared for on all ward areas within the children's hospital.
- 1.1.10** Some ward areas may need the provision of some refresher training prior to transfer. This can be arrange with the tracheostomy practitioner of Advanced nurse practitioner for ENT.

2. Equality Impact Assessment

This SOP has had an initial assessment completed and a unique EqIA Registration Number assigned (see Document Control Sheet).

3. Consultation, Approval and ratification process

3.1 Consultation

Consultant Paediatric Otolaryngologist, Consultant Anaesthetists, Modern Matron, Advanced Nurse practitioner ENT, Tracheostomy Nurse practitioner, Consultant intensivist, Critical Care staff

3.2 Approval

RMCH Quality and Safety Committee

3.3 Ratification

RMCH Quality and Safety Committee

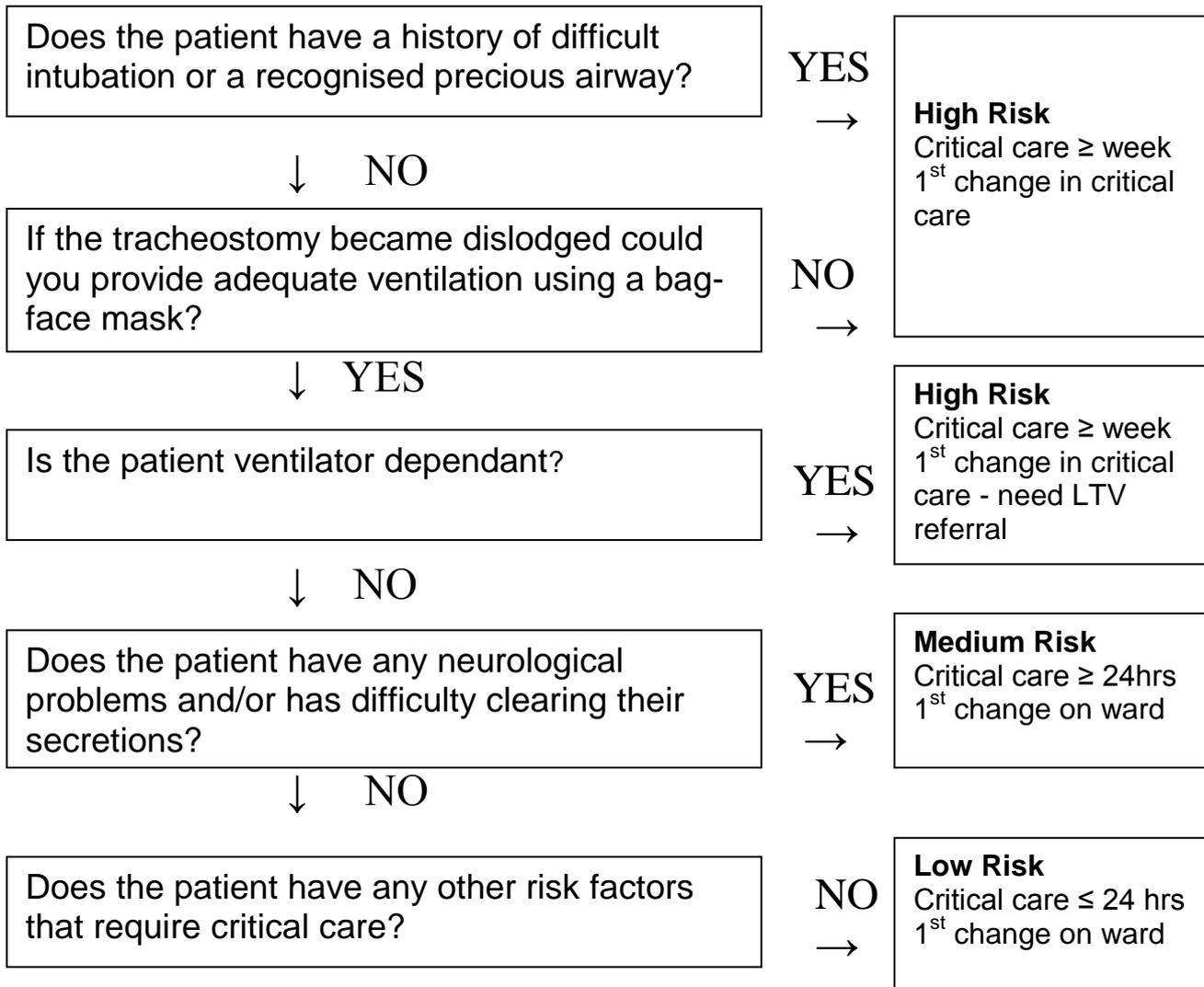
4. References and Bibliography

Birmingham Children's Hospital Standard Operating Procedure

<p>SOP - Patients with a New Tracheostomy in RMCH (Oxford Road site only)</p>	<p>Page 3 of 4</p>
<p>See the Intranet for the latest version.</p>	<p>Version Number:1</p>

Guidelines to establish recommended ward for patients, post insertion of tracheostomy

Assess Risk Factors



All first tracheostomy tube changes need to be carried out by a member of the ENT team with removal of the stay sutures.

Adapted from Birmingham Children's Hospital standard operating procedure